

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156512

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: VENGEANCE PAINTBALL DISTRIBUTORS INC

## Current Principal Place of Business:

PO BOX 919  
BUNNELL, FL 32110

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 919  
BUNNELL, FL 32110

## New Mailing Address:

FEI Number: 20-1897245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDSON, KAREN  
1513 HONEYTREE STREET  
BUNNELL, FL 32110 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DAVIDSON, STEVE  
Address: PO BOX 919  
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DAVIDSON, KAREN  
Address: PO BOX 919  
City-St-Zip: BUNNELL, FL 32110

Title: DT ( ) Change (X) Addition  
Name: HEDIN, JEAN M  
Address: 3003 S ATLANTIC AVE #6A2  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN M HEDIN

DT

01/26/2005

Electronic Signature of Signing Officer or Director

Date